Case 09-36555-DOT Doc 66

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B22A (Official Form 22A) (Chapter 7) (12/10)

_	d Todd Ardis nn Ardis	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:	09-36555-DOT	☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION O	F MO	NTHLY INC	CON	ME FOR § 707(b)	(7) E	EXCLUSION		
	Marital/filing status. Check the box that app		•			teme	nt as directed.		
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
	b. Married, not filing jointly, with declar								
2	perjury: "My spouse and I are legally seg for the purpose of evading the requirement								
_	Income") for Lines 3-11.	ents or s	707(0)(2)(11) 01	tiic	Bunkruptey code.	p.c	ce only column ?	- (Design 5
	c. \square Married, not filing jointly, without the					.b ab	ove. Complete h	oth	Column A
	("Debtor's Income") and Column B (_							
	d. Married, filing jointly. Complete both						ouse's Income'')	for	Lines 3-11.
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before					ζ.	Column A		Column B
	the filing. If the amount of monthly income v						Debtor's		Spouse's
	six-month total by six, and enter the result on						Income		Income
3	Gross wages, salary, tips, bonuses, overtim	ne, comn	nissions.			\$	0.00	\$	0.00
	Income from the operation of a business, p	rofessio	n or farm. Sub	tract	t Line b from Line a and	ı			
	enter the difference in the appropriate column	n(s) of L	ine 4. If you op	erate	e more than one				
	business, profession or farm, enter aggregate								
4	not enter a number less than zero. Do not inc on Line b as a deduction in Part V.	ciude an	y part of the bt	isine	ess expenses entered				
•			Debtor	ĺ	Spouse	1			
	a. Gross receipts	\$.00					
	b. Ordinary and necessary business exper			.00	·				
	c. Business income		ubtract Line b fr			\$	0.00	\$	0.00
	Rents and other real property income. Subthe appropriate column(s) of Line 5. Do not of								
	part of the operating expenses entered on I								
5	The second secon		Debtor		Spouse	1			
3	a. Gross receipts	\$.00	\$ 0.00				
	b. Ordinary and necessary operating	\$	O	.00	\$ 0.00				
	expenses c. Rent and other real property income	S	Lubtract Line b fr	om l	Line a	- _\$	0.00	\$	0.00
6	Interest, dividends, and royalties.					\$	0.00		0.00
7	Pension and retirement income.					Ť	0.00		
		atity on	a magulan hagig	for	the household	\$	0.00	P	0.00
	Any amounts paid by another person or en expenses of the debtor or the debtor's depe								
8	purpose. Do not include alimony or separate	mainten	ance payments	or an	nounts paid by your				
	spouse if Column B is completed. Each regul					\$	0.00	¢	0.00
	if a payment is listed in Column A, do not rep		1 7			Ф	0.00	Ф	0.00
	Unemployment compensation. Enter the am However, if you contend that unemployment					a			
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A								
9	or B, but instead state the amount in the space	e below:				-			
	Unemployment compensation claimed to	Debtor \$	0.00	Sne	ouse \$ 0.00	Ш.			
	be a beliefit under the Boetar Becarity Fiet			_		Ψ	0.00	\$	0.00
	Income from all other sources. Specify sour on a separate page. Do not include alimony					3			
	spouse if Column B is completed, but inclu								
	maintenance. Do not include any benefits re-	ceived u	nder the Social	Secu	rity Act or payments				
10	received as a victim of a war crime, crime against humanity, or as a victim of international or								
10	domestic terrorism.		Debtor		Spouse	1			
	a.	\$	Debioi		\$	1		l	
	b.	\$			\$][
	Total and enter on Line 10					\$	0.00	\$	0.00
11	Subtotal of Current Monthly Income for §	707(b)(7). Add Lines 3	thru	10 in Column A, and,				
	if Column B is completed, add Lines 3 through					\$	0.00	\$	0.00

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12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		0.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	0.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: VA b. Enter debtor's household size: 1	\$	49,689.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	n does n	ot arise" at the

	☐ The amount on Line 13 is more t	han the amount on Line	14. Complete the remainin	g parts of this statement.	
	Complete Parts 1	V, V, VI, and VII of this	statement only if required	l. (See Line 15.)	
	Part IV. CALCULA	TION OF CURREN	T MONTHLY INCO	ME FOR § 707(b)(2	2)
16	Enter the amount from Line 12.				\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a.		\$ \$		
	b. c.		\$		
	d.		\$		
	Total and enter on Line 17		ļΨ		\$
18	Current monthly income for § 707(b)(2). Subtract Line 17 fr	om Line 16 and enter the re-	sult.	\$
	Part V. CA	LCULATION OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Dedu	ctions under Standard	ls of the Internal Reven	ue Service (IRS)	
19A	National Standards: food, clothing standards for Food, Clothing and Oth at www.usdoj.gov/ust/ or from the cle that would currently be allowed as ex additional dependents whom you support the standards of	er Items for the applicable ork of the bankruptcy cour emptions on your federal i	e number of persons. (This is t.) The applicable number of	nformation is available of persons is the number	\$
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 years		Persons 65 years of age	e or older	
	a1. Allowance per person b1. Number of persons	a2. b2.	Allowance per person Number of persons	+	
	c1. Subtotal	c2.	Subtotal	†	\$
20A	Local Standards: housing and utilit Utilities Standards; non-mortgage expavailable at www.usdoj.gov/ust/ or from the number that would currently be all any additional dependents whom you	penses for the applicable come the clerk of the bankru lowed as exemptions on y	ounty and family size. (Thi ptcy court). The applicable	s information is family size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. IRS Housing and Utilities Standards; mortgage/rental expense			·
	c.		Subtract Line b from Line a.	\$
21	Local 20B d Stand conte	\$		
	Local	Standards: transportation; vehicle operation/public transpo	ortation expense.	
	You a	are entitled to an expense allowance in this category regardless of		
		icle and regardless of whether you use public transportation.	6 111 1	
22.4		the number of vehicles for which you pay the operating expensions as a contribution to your household expenses in Line 8.	ses or for which the operating expenses are	
22A		\square 1 \square 2 or more.		
	If you	checked 0, enter on Line 22A the "Public Transportation" amou	unt from IRS Local Standards:	
	Trans			
	Stand Censu	\$		
	Local	Standards: transportation; additional public transportation	expense. If you pay the operating expenses	
22B	for a v	vehicle and also use public transportation, and you contend that	you are entitled to an additional deduction for	
22 B	you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy			
	court.		or from the elerk of the bankruptey	\$
	you clean vehicle 1 Enter,			
23		able at www.usdoj.gov/ust/ or from the clerk of the bankruptcy or ge Monthly Payments for any debts secured by Vehicle 1, as sta		
	and en			
	a.	IRS Transportation Standards, Ownership Costs	\$	
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
	the "2	Standards: transportation ownership/lease expense; Vehicle or more" Box in Line 23. The property of the standards of the content of the cont		
		able at www.usdoj.gov/ust/ or from the clerk of the bankruptcy		
Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Li				
	and enter the result in Line 24. Do not enter an amount less than zero. [Section 1] Standards Ownership Costs			
	a.	IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$	
	b.	2, as stated in Line 42	\$	
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
25	Other			
23	state a securi	\$		

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a ph Enter the total average monthly amount that you actually expend for e and for education that is required for a physically or mentally challenged education providing similar services is available.	education that is a condition of employment	\$		
30	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do n		\$		
31	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 19B. Do not	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter the total of L	ines 19 through 32.	\$		
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32				
	Health Insurance, Disability Insurance, and Health Savings Account the categories set out in lines a-c below that are reasonably necessary dependents.	int Expenses. List the monthly expenses in for yourself, your spouse, or your			
34	a. Health Insurance \$				
	b. Disability Insurance \$				
	c. Health Savings Account \$		\$		
	Total and enter on Line 34.		Ψ		
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in exce Standards for Housing and Utilities, that you actually expend for hom case trustee with documentation of your actual expenses, and you amount claimed is reasonable and necessary.	e energy costs. You must provide your	\$		

38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				\$	
39	Additional food and clothing expense expenses exceed the combined allowa Standards, not to exceed 5% of those or from the clerk of the bankruptcy coreasonable and necessary.	nces for food and clothing (apparel an combined allowances. (This informati	nd services) in the IRS on is available at www.	National w.usdoj.gov/ust/	\$	
40	Continued charitable contributions. financial instruments to a charitable or			e form of cash or	\$	
41	Total Additional Expense Deduction	ns under § 707(b). Enter the total of l	Lines 34 through 40		\$	
	S	Subpart C: Deductions for De	bt Payment			
42	Future payments on secured claims, own, list the name of the creditor, idea and check whether the payment includamounts scheduled as contractually dubankruptcy case, divided by 60. If ne Average Monthly Payments on Line 4	ntify the property securing the debt, ar des taxes or insurance. The Average M are to each Secured Creditor in the 60 r cessary, list additional entries on a sep	nd state the Average Monthly Payment is the months following the	Monthly Payment, e total of all filing of the		
	Name of Creditor	Property Securing the Debt	Average Monthly Payment			
	a.		\$	□yes □no		
			Total: Add Lines		\$	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount 1/60th of the Cu					
44	Payments on prepetition priority cla priority tax, child support and alimony not include current obligations, sucl	y claims, for which you were liable at	by 60, of all priority c		\$	
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				\$	
46 Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$	
	Subpart D: Total Deductions from Income					
Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.				\$		
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))				\$	

 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$				
52	Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of p statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. ☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (I	of page 1 of this der of Part VI.				
53	Enter the amount of your total non-priority unsecured debt	\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$				
55	Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description Monthly Amount	nt				
	a.	7				
	b. 5 c. \$	\dashv				
	d. \$]				
	Total: Add Lines a, b, c, and d \$					
	Part VIII. VERIFICATION					
57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a join must sign.) Date: March 22, 2011 Date: March 22, 2011 Signature: /s/ Richard Todd Ardis Richard Todd Ardis (Debtor) Signature: /s/ Lee Ann Ardis Lee Ann Ardis (Joint Debtor, if and					

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2009 to 09/30/2009.